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PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	TEL-003
First Named Inventor	Barry M. Arons
COMPLETE IF KNOWN	
Application Number	09/747,026
Filing Date	12/20/2000
Group Art Unit	2641
Examiner Name	unknown

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRANSCRIPTION AND REPORTING SYSTEM

(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 12/20/2000 as United States Application Number or PCT International

Application Number 09/747,026 and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number

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Place Customer
Number Bar
Code Label here

OR ☐ Registered practitioner(s) name/registration number listed below

Name

Registration
Number

Name

Registration
Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number
or Bar Code Label

0 2 4 4 8 8

OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

+1 (408) 451-5900

Fax

+1 (408) 451-5908

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Barry M.

Arons

Inventor's Signature

Date

3/12/01

Residence: City

Mountain View

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US

Citizenship

US

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Post Office Address

City

Mountain View

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ZIP

94043-4926

Country

US

☒ Additional inventors are being named on the TWO supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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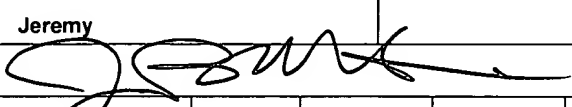
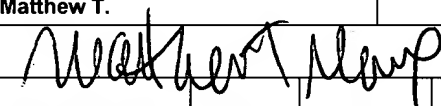
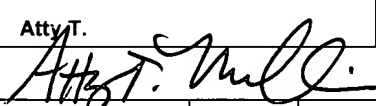
PTO/SB/02A (3-97)

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<p>DECLARATION</p>	<p>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u></p>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Jeremy				Belldina				
Inventor's Signature					Date		3/2/01	
Residence: City		Burlingame	State	CA	Country	US	Citizenship	
Post Office Address		1015 Cadillac Way, #213						
Post Office Address								
City		Burlingame	State	CA	ZIP	94010	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Matthew T.				Marx				
Inventor's Signature					Date		3/26/2001	
City		Mountain View	State	CA	Country	US	Citizenship	
Post Office Address		100 N. Whisman Rd., #3617						
Post Office Address								
City		Mountain View	State	CA	ZIP	94043	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Atty. T.				Mullins				
Inventor's Signature					Date		3/13/01	
City		Santa Fe	State	NM	Country	US	Citizenship	
Post Office Address		424 Delgado Lane						
Post Office Address								
City		Santa Fe	State	NM	ZIP	87501	Country	US

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<div style="position: relative; height: 50px;"> <div style="position: absolute; top: -20px; left: -20px; border: 1px solid black; border-radius: 50%; padding: 5px; transform: rotate(-45deg); font-weight: bold;">OIPF</div> <div style="position: absolute; top: 0; left: 0; font-weight: bold; font-size: 1.2em;">MAR 28 2001</div> <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.2em;">DECLARATION</div> </div>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Haleh				Partovi							
Inventor's Signature						Date		3/12/01			
Residence: City		Hillsborough		State		CA		Country		US	
Post Office Address		1164 Barroilhet Avenue									
Post Office Address											
City		Hillsborough		State		CA		ZIP		94010	
Country										US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Orion A				Reblitz-Richardson							
Inventor's Signature						Date		3/9/2001			
City		Mountain View		State		CA		Country		US	
Post Office Address		1541 Montalto Drive									
Post Office Address											
City		Mountain View		State		CA		ZIP		94040	
Country										US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname							
Inventor's Signature						Date					
City				State				Country			
Post Office Address											
Post Office Address											
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